

ECHO Service Partner Application Form

Service Name: _____

Service or Project URL: _____

Type of Input Data (e.g. ASTER): _____

Input Data Format (e.g. HDF): _____

Output Data Format (e.g. HDF): _____

Description of the Service: _____

Describe any security/access restrictions for your service: _____

Customer costs associated with the service: _____

Target date for service operationally available in ECHO: _____

Contact Information for Service Partner:

Name: _____

Organization: _____

Email: _____

Telephone: _____ Fax: _____

Address: _____

Address2: _____

City: _____ State: _____ Zip: _____

Customer support services available to end users from __ am to __ pm _T, Monday through Friday

Note: Please read the ECHO Service Partner Operations Agreement (OA) before submitting your application. By submitting this application, you agree to comply with the terms specified in the OA.